

Foster Family Home - Deficiency Report

Provider ID: 1-200057

Home Name: Reylie Andres, NA

Review ID: 1-200057-11

94-326 Hene Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/14/2024

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date